

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 16, 2004.

I. DISPUTE

Whether there should be reimbursement for CPT code 99214 rendered on 10/15/03.

II. RATIONALE

Review of the requestor's position statement dated February 2, 2004 states in part, "...On 11-26-03 the insurance carrier reviewed and deemed these services 'F-Documentation does not support he service billed.'" We requested reconsideration on 12-9-03 stating that the visit did include two or more key components. On 12-22-03 the insurance carrier sent a second denial for code 99214. We are now requesting assistance in settling this dispute with the insurance carrier. ...According to the above chart the insurance carrier failed to pay code 99214, stating, 'Documentation does not support the specific level of service billed.' We disagree with these determinations about the report dated 10-15-03. If you refer to the report you will see that ___ examined the patient's ___ series and made a medical decision in regards to her condition based on this examination. That is easily meeting the requirement of a 'moderate' appointment. ..."

Review of the respondent's position statement dated January 27, 2004 states in part, "...It is this carrier's position that a detailed examination and medical decision making of moderate complexity is not documented. The medical necessity for such a level of service is also not documented. ...This carrier supports the position that the 99214 level of office visit was not documented for date of service 10/15/03 (Exhibit 2) with a comparison of the requester's documentation with the American Medical Association's requirements for a detailed history, examination and medical decision making of moderate complexity level office visit. ...the injured worker was following up with this provider for the work related injury to the spine. In fact, the requester had performed surgery on the patient 03/24/02, **approximately 1-½ years ago. Again, where is the complexity , where is the need for the complexity.? ...**"

Review of the carrier's EOB audited on 12/22/03, revealed CPT code 99214 rendered on 10/15/03 was denied by the carrier as, "O YO-Reimbursement was reduced or denied after reconsideration of treatment/service billed, TG-Documentation does not support the service billed. Carriers may not reimburse the service at another billing codes' value per Rule 133.301 (B). A revised CPT code or documentation to support he service billed may be submitted, and YF-Reduced or denied in accordance with the appropriate fee guideline ground rule and/or maximum allowable reimbursement (MAR)."

According to the TWCC Rule 133.207 (j)(2), "The response shall address only those denial reasons presented to the requestor prior to the date the request for medical dispute resolution was filed with the division...Responses shall not address new or additional denial reasons or defenses after the filing of an request. Any new denial reasons or defenses raised shall not be considered in the review."

Review of the requestor's follow up note, dated 10/15/03, meets the documentation criteria set forth by the CPT code descriptor. Requestor is therefore entitled to reimbursement in the amount of \$78.48 multiplied by 125% equals a recommended amount of \$98.10.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99214 in the amount of **\$98.10**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$98.10** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 28th day of May 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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